

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61		/				
2	/						62		/				
3	/						63	/					
4	/						64	/					
5	/						65	/					
6	/						66	/					
7	/						67	/					
8	/						68	/					
9	/						69	/					
10	/						70	/					
11	/						71	/					
12	/						72	/					
13	/						73	/					
14	/						74	/					
15	/						75	/					
16	/						76	/					
17	/						77	/					
18	/						78	/					
19	/						79	/					
20	/						80	/					
21	/						81	/					
22	/						82	/					
23	/						83	/					
24	/						84	/					
25	/						85	/					
26	/						86	/					
27	/						87	/					
28	/						88	/					
29	/						89	/					
30	/						90	/					
31	/						91	/					
32	/						92	/					
33	/						93	/					
34	/						94	/					
35	/						95	/					
36	/						96	/					
37	/						97	/					
38	/						98	/					
39	/						99	/					
40	/						100	/					
41	/												
42	/												
43	/												
44	/												
45	/												
46	/												
47	/												
48	/												
49	/												
50	/												
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	60						TOTAL DEP.						
TOTAL CLAIMS	68						TOTAL CLAIMS						

BEST AVAILABLE COPY